

# CITY OF TEMPE

## Temporary Employment Opportunity



Human Services • Social Services • P.O. Box 5002, Mail Stop 16-02, Tempe, AZ 85280 • 480-858-2106 • [www.tempe.gov/jobs](http://www.tempe.gov/jobs)

### Crisis Intervention Specialist (City of Tempe / CARE 7)

**Opening Date:** June 24, 2020

**Closing Date:** Open until the needs of the City are met.

**Hourly Wage:** \$18.00 per hour

**Work Schedule:** Part-time, pool position. This position will be used to cover for staff vacation, sick time, and holidays on an as-needed basis.

**This is a Temporary Non-Benefitted position.**

#### Experience:

- Requires a Bachelor's degree or equivalent in counseling, social work, psychology, or a related field, two or more years' experience in community-based crisis intervention, and knowledge of community resources. Bilingual (English/Spanish) applicants are highly desirable.

#### Licenses / Certifications:

- None

#### Essential Functions:

- On-scene emergency response to a variety of Police/Fire crisis calls
- Mental health assessments
- Advocacy and safety planning
- Referrals to appropriate community resources for mental health, substance abuse, shelter/housing, death/grief, and domestic violence

#### Applicant Requirement:

- Requires the successful completion of the selection process and completion of two unpaid ride-alongs, followed by the completion of the paid training process. Requires a background investigation and verification of identity/work authorization.

**SUBMIT APPLICATION TO:**

City of Tempe CARE 7  
P.O. Box 5002, Mail Stop 16-02  
Tempe, Arizona 85280

**Or EMAIL to:** [martha\\_williams@tempe.gov](mailto:martha_williams@tempe.gov)

**Or FAX to:** 480-858-2176

**For questions, please contact:**

Martha Williams/CARE 7 Coordinator  
480-858-2106/[martha\\_williams@tempe.gov](mailto:martha_williams@tempe.gov)

**EQUAL EMPLOYMENT OPPORTUNITY:** *The City of Tempe is an Equal Opportunity / Reasonable Accommodation employer. The City does not discriminate on the basis of race, color, gender identity, sexual orientation, religion, national origin, familial status, age, disability, and United States military veteran status. Pursuant to the Americans with Disabilities Act, the City will make a reasonable accommodation(s) during the recruitment & selection process. Persons with a disability may request a reasonable accommodation by contacting Human Resources at 480-350-8276. Requests should be made as early as possible to allow time to arrange the accommodation.*



# Temporary Employment Application

Last Name:		First Name:	MI:
Street Address:		City, State, Zip	
Phone Number:	E-Mail Address:		

Position(s) applying for \_\_\_\_\_

Do you possess a valid Driver's License (may be required for certain positions)? ☐ Yes ☐ No

Your age group is? ☐ 15-17 years ☐ 18-20 years ☐ 21 years+

Are you a U.S. Citizen or a non-U.S. Citizen authorized to work in the United States? ☐ Yes ☐ No

Have you ever worked for the City of Tempe? ☐ Yes ☐ No

If yes, from \_\_\_\_\_ (mm/yy) to \_\_\_\_\_ (mm/yy)

Are you related to any member of the Tempe City Council or any Tempe Commission/Board Member, or any City of Tempe employee? ☐ Yes ☐ No If yes, please indicate his/her name, position, and relationship to you:

To assist us with verifying previous work experience and /or education, please list other names you have gone by:

Are you a veteran? ☐ Yes ☐ No

NOTE: If you are claiming Civil Service Preference for Veterans under ARS 38-492, you must submit a copy of your DD214 (Member-2 or 4) at the time you are invited to a testing process.

Dates available: From \_\_\_\_\_ To \_\_\_\_\_

Please specify times you are available to work on the chart below.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Have you obtained a high school diploma or a high school equivalent certification? ☐ Yes ☐ No

If no, please indicate your highest grade level completed \_\_\_\_\_

**Education from an accredited College/University:**

College:	Major:	Type of Degree:	Degree Completed:
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

**Trade and/or Technical Schools:**

Trade/Technical School:	Subject Studied:	Type of Degree:	Degree Completed:
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

**Certification or Registration (CPR, First Aid, Adv. Lifesaving, Lifeguard Training, W.S.I etc.)**

Type of Professional Registration, License, and/or Certification:	License Number (if applicable):	Date Received:	Expiration Date (if applicable):

Special training *that relates to this position*:

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List computer software program(s) with which you are proficient in operating *that relate to this position*:

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**Language Proficiency (other than English):**

Language:	Speak:	Read:	Write:
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Begin with your present or most recent position. List all jobs, paid or volunteer, for at least the past ten years. Your qualifications will be evaluated **solely** on the application form and, if applicable, any supplemental questionnaire(s).

**DO NOT WRITE "SEE RESUME" IN THE SPACES BELOW.**

Place of Employment or Volunteer Experience:

Address:

Phone:

Job Title:

Employees Supervised:

Supervisor (Name/Title/Phone):

Employment Dates (mm/yy):

Hours Per Week:

Wage: \$            per

Work Performed:

Reason for Leaving:

Place of Employment or Volunteer Experience:

Address:

Phone:

Job Title:

Employees Supervised:

Supervisor (Name/Title/Phone):

Employment Dates (mm/yy):

Hours per Week:

Wage: \$            per

Work Performed:

Reason for Leaving:

Place of Employment or Volunteer Experience:

Address:

Phone:

Job Title:

Employees Supervised:

Supervisor (Name/Title/Phone):

Employment Dates (mm/yy):

Hours Per Week:

Wage: \$            per

Work Performed:

Reason for Leaving:

Place of Employment or Volunteer Experience:	
Address:	Phone:
Job Title:	Employees Supervised:
Supervisor (Name/Title/Phone):	
Employment Dates (mm/yy):	
Hours Per Week:	Wage: \$          per
Work Performed:	
Reason for Leaving:	

**Have you ever been requested or forced to resign from a position for misconduct or unsatisfactory service?**

☐ Yes   ☐ No   *If Yes, please explain:*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>PLEASE READ THIS STATEMENT AND CAREFULLY REVIEW YOUR ENTIRE APPLICATION MATERIAL BEFORE SIGNING BELOW.</b>		
<p>I certify that all statements made on the application form and, if applicable, any supplemental questionnaire(s) are true and complete. I understand that any omission, misstatement, or falsification may be cause for rejection of this application, removal of my name from an eligibility list(s), and/or discharge from City Service. In addition, I authorize any individual, company, organization, or institution to release any and all information concerning statements made by me on this application, and I do hereby release all parties and individuals connected therewith from all liabilities for any damages whatsoever incurred in furnishing such information.</p>		
Print Applicant's Name	Applicant Signature	Date

<b><u>FOR ADMINISTRATIVE USE ONLY</u></b>	
<b>Job Code:</b> _____	<b>Cost Center:</b> _____
<b>Title:</b> _____	<b>Hourly Wage:</b> _____
<b>Supervisor:</b> _____	<b>Weekly Hours:</b> _____